

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant - Ella Brown X

Town Sunderland County Calvert

Did at

Date of death 1909 April 6 Age 14

Sex Female Color or Race Negr Birthplace Sunderland, Md.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Ella Brown Mother's Birthplace Dumfries Md.

Name of person giving information Mary Parker How related to deceased Grand Mother

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Cause of Death Dyspnea

How long 7 days

Immediate Cause of Death

How long 10 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. H. Talbot

Address Chesapeake Beach Md.

Accident or Suicide?



Name  
in  
Full

Bettie Chase

CERTIFICATE OF DEATH

Town

County

Died at Sunderland

Calvert

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909 Apr.

17

Age

11

20

Sex

Female

Color or  
Race

Black

Birth-  
place

Washington

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Benjamin Chase

Father's  
Birthplace

Cal. Co.

Mother's  
Maiden Name

Mabel Chase

Mother's  
Birthplace

Washington, D.C.

Name of person giving  
Information

Robt. Hawkins

How related  
to deceased

Cousin

## CAUSES OF DEATH

Primary

Broncho Pneumonia

How long

3 wks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

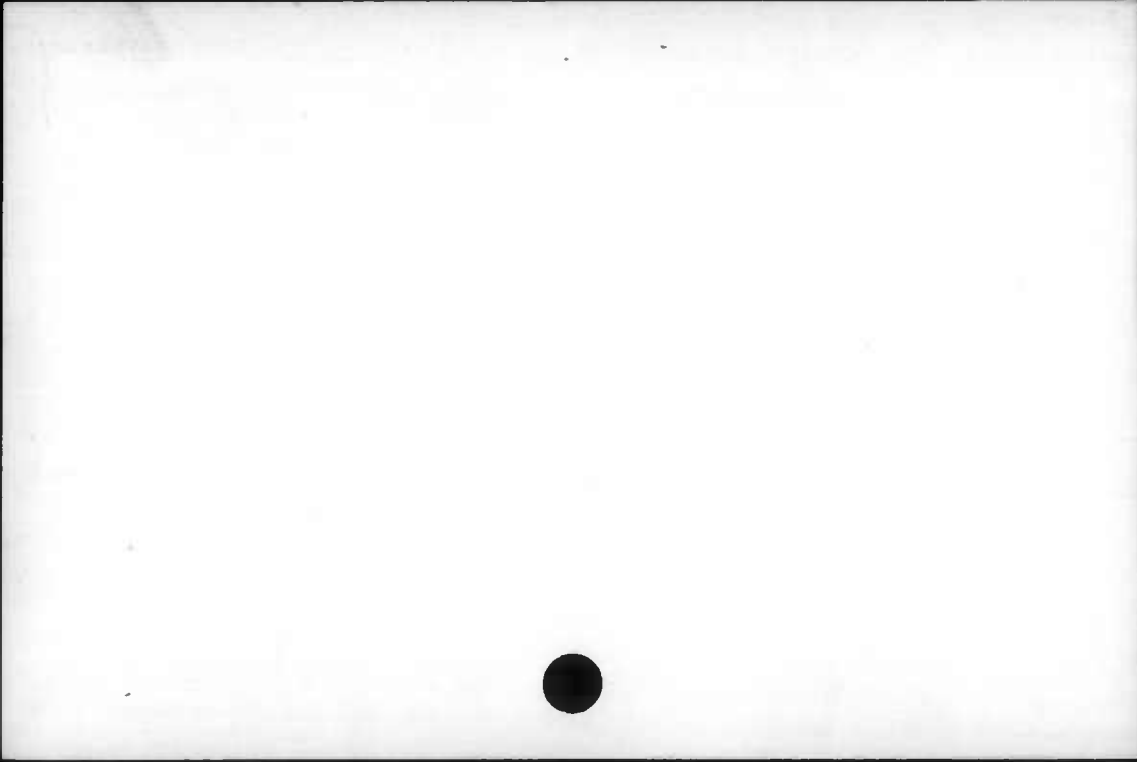
Address

J. W. Litch,  
Huntington,  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

92



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Julius Chase

Town

County

Died at *Huntingtown**Calvert*

MARYLAND

Date

of death

1909

Month

*apl*

Day

8

Years

Age

Months

*7*

Days

23

Sex

*Male*Color or  
Race*Black*Birth-  
place*Cal. Co.*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Tom Chase*Father's  
Birthplace*Cal. Co.*Mother's  
Maiden Name*Annie Coats*Mother's  
Birthplace*" "*Name of person giving  
Information*Tom Chase*How related  
to deceased*Father*

## CAUSES OF DEATH

104

Primary

*Indigestion*

How long

Immediate

*Convulsions*

How long

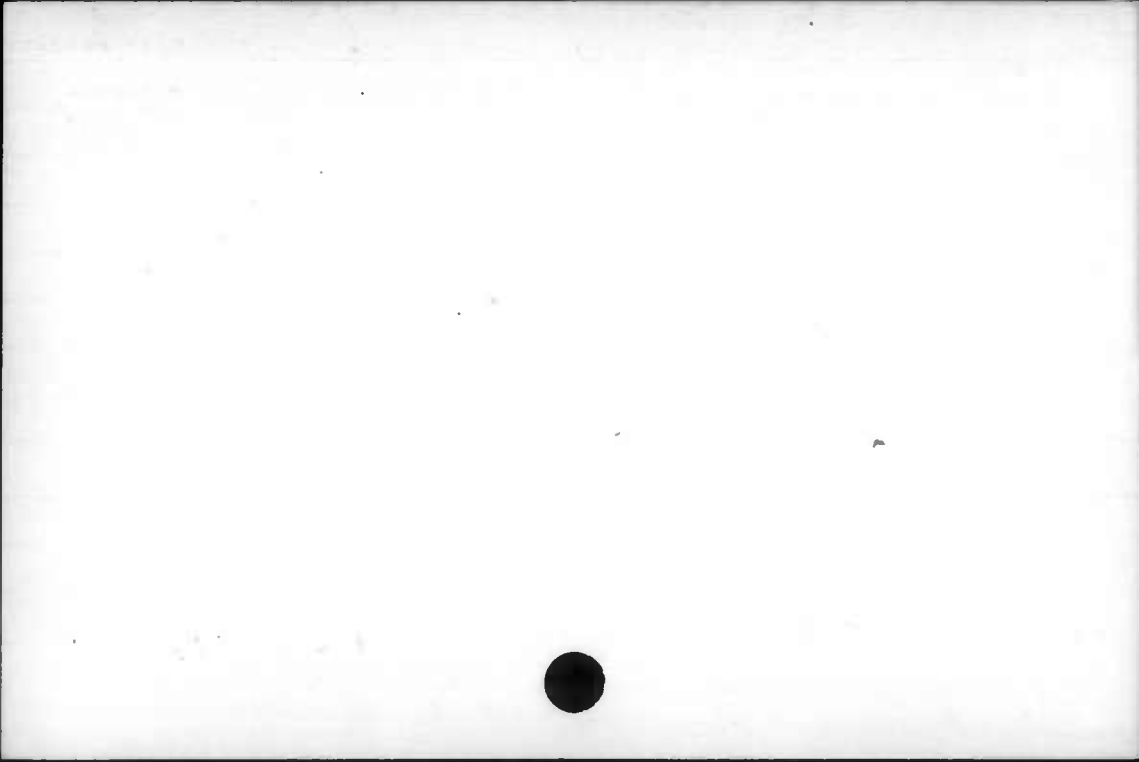
*6 hrs*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

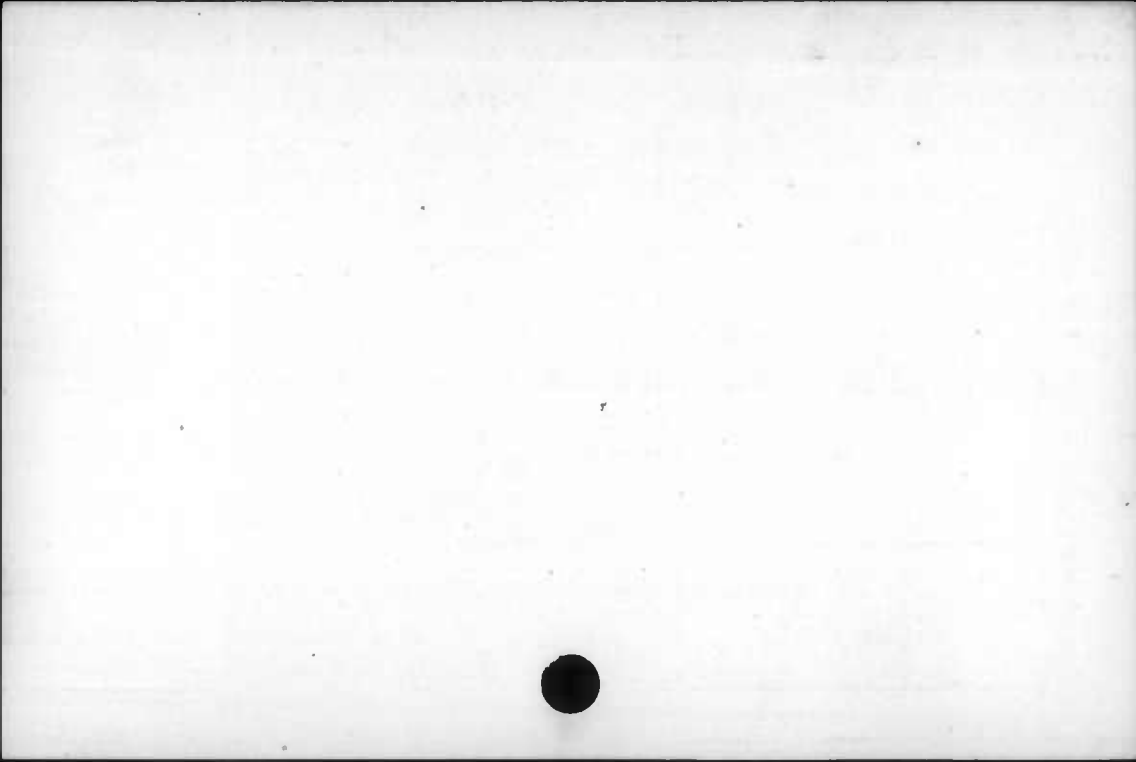
*J. W. Litch*  
*Huntingtown*

Accident or Suicide

PHYSICIAN  
OR CORONER

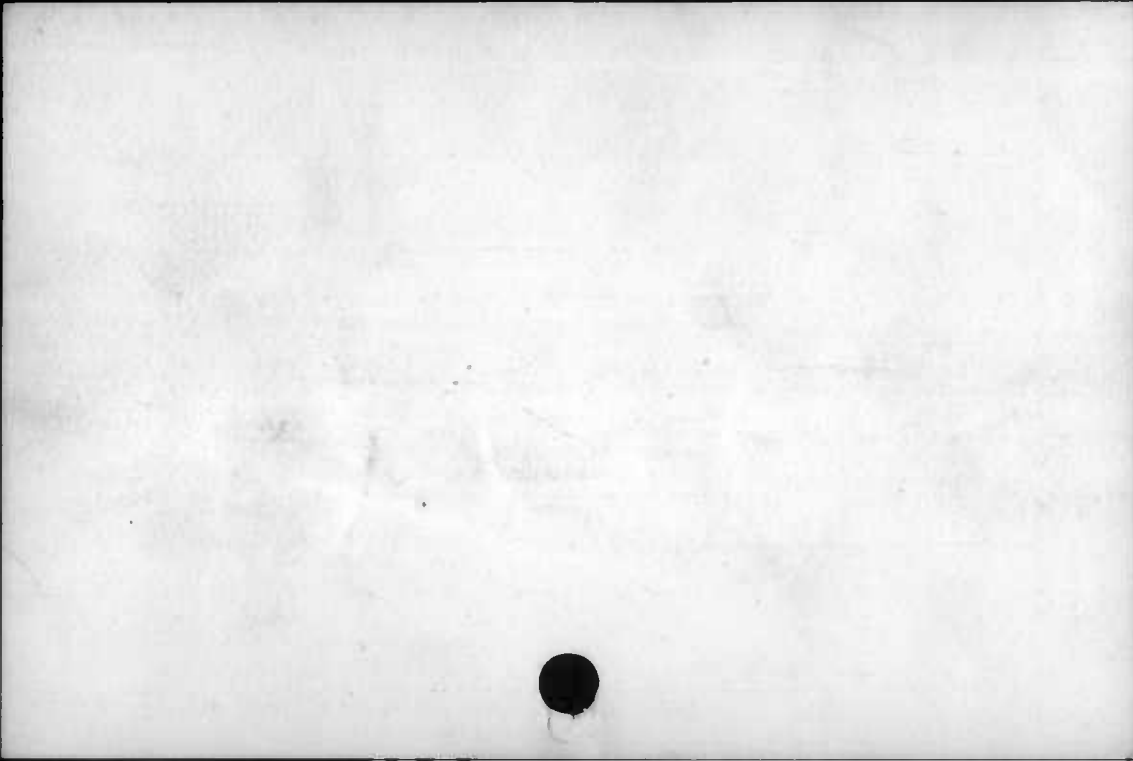


Name in Full <b>Mary L Ebb</b>		Town <b>Fragin</b>		County <b>Calvert</b>		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Maryland				
		Date of death		Month <b>April</b>	Day <b>26</b>	Age <b>24</b>	Months <b>—</b>	Days <b>10</b>
		Sex <b>Female</b>		Color or Race <b>Colored</b>		Birth-place <b>Calvert Co md</b>		
		Occupation <b>Servant</b>		Where Residing if not at place of death				
		Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>none</b>				
		Father's Name <b>Fredrick Ebb</b>		Father's Birthplace <b>St Marys Co md</b>				
Mother's Maiden Name <b>Lizzie Brown</b>		Mother's Birthplace <b>Calvert Co md</b>						
Name of person giving information <b>Lizzie Ebb</b>		How related to deceased <b>Mother</b>						
		CAUSES OF DEATH		27				
PHYSICIAN OR CORONER		Primary <b>Pulmonary Tuberculosis</b>		How long <b>about 8 mos -</b>				
		Immediate <b>Exhaustion</b>		How long				
		Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Geo F Chambers MD</b>				
				Address <b>Lusby, Calvert Co md</b>				
		Accident or Suicide?						





Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cherryville		Calvert		MARYLAND			
		Date of death		1909 April 30		Age		Years		Months	
		Sex		Female		Color or Race		Colored		Birth-place	
		Occupation				Where Residing if not at place of death				Cherryville, Md.	
		Married, Single or Widowed		Single		Name of Wife or Husband					
		Father's Name				George Gray				Father's Birthplace	
		Mother's Maiden Name				Elizabeth Hawkins				Mother's Birthplace	
		Name of person giving information				Elizabeth Gray				How related to deceased	
		CAUSES OF DEATH				8					
PHYSICIAN OR CORONER		Primary		Whooping - Cough				How long		2 weeks	
		Immediate		Convulsion				How long		2 mins.	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Thos. M. Chaney M.D.			
						Address		Cherryville, Md.			
		Accident or Suicide?									



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

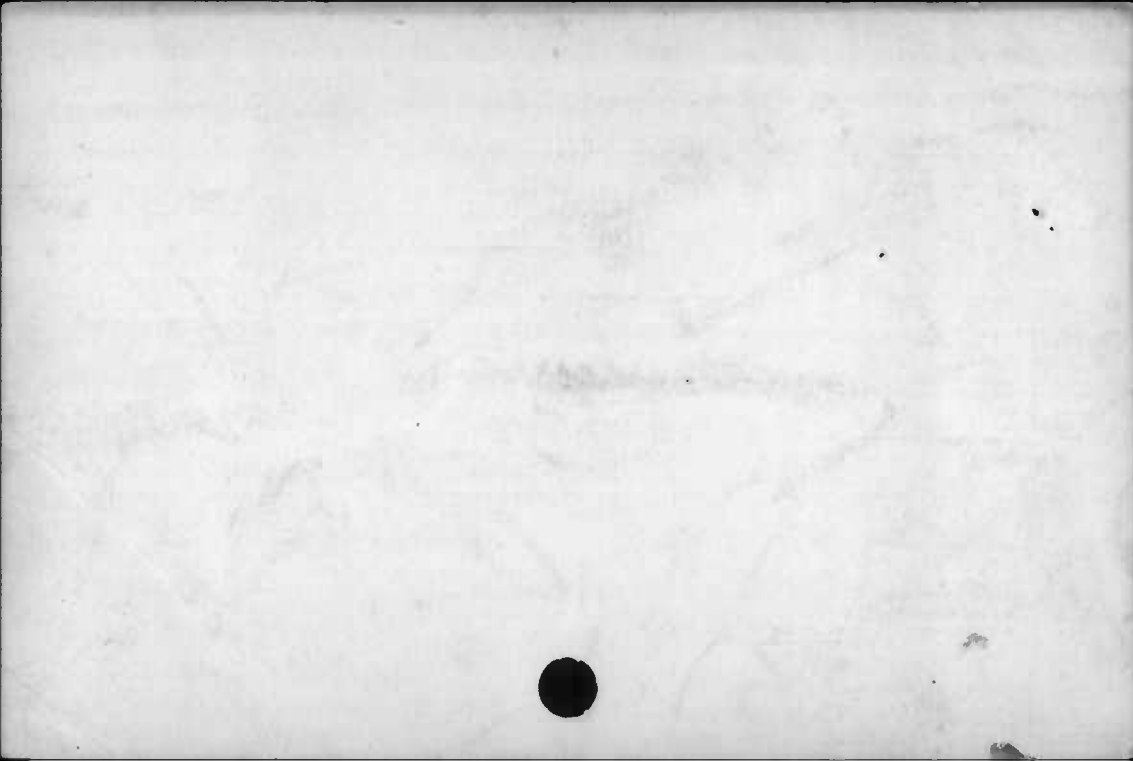
Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death		1909		April		9	
Sex		Male		Color or Race		Colored	
Occupation		Schoolboy		Where Residing if not at place of death		Birth-place	
Married, Single or Widowed		Name of Wife or Husband		Months		Days	
Father's Name		Calvert Gross		Father's Birthplace		Wallville	
Mother's Maiden Name		Mary C. Chaney		Mother's Birthplace		Wallville	
Name of person giving information		Calvert Gross		How related to deceased		Father	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary tuberculosis	How long	9 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		George Peterson	
Address		St. Leonards	
Accident or Suicide?		Md	



Name  
in  
Full

Sherman O. Groves

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Frazier* TownCounty *Calvert*

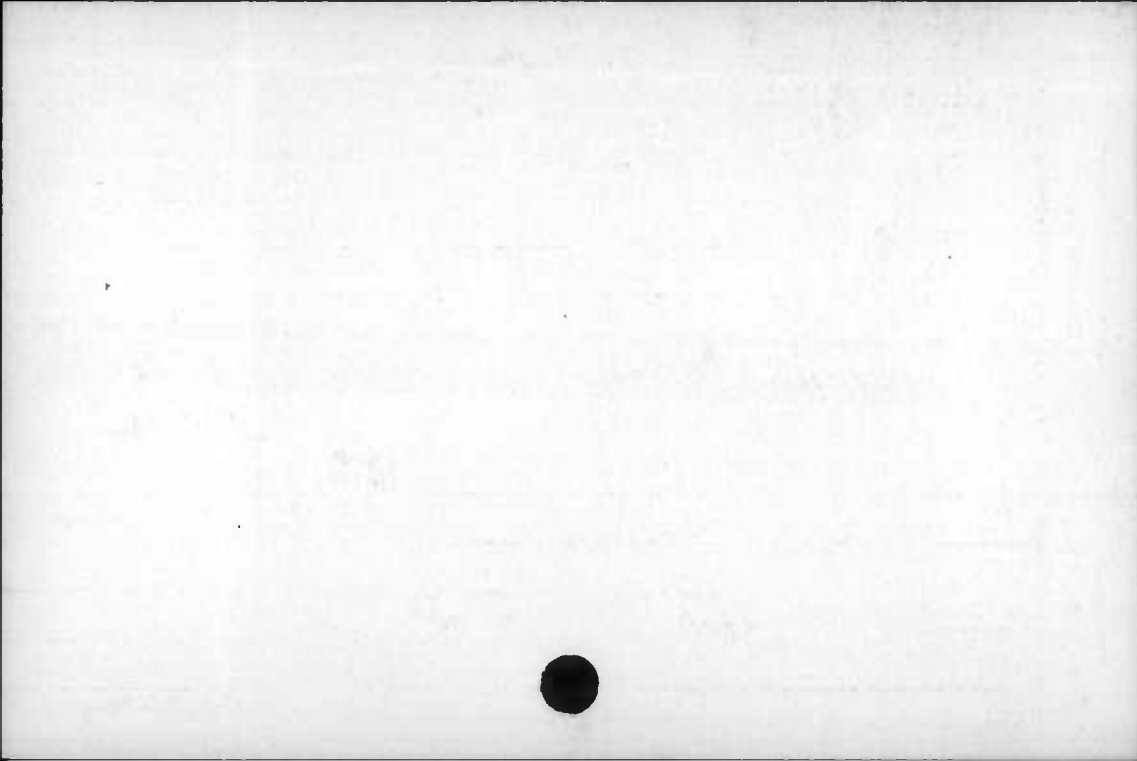
MARYLAND

Date of death *1909 April 28* Age *1* Years *11* Months *10* DaysSex *male* Color or Race *Colored* Birth-place *Calvert Co Md*Occupation *None* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *Joe Groves* Father's Birthplace *Calvert Co Md*Mother's Maiden Name *Lulu Bean* Mother's Birthplace *Calvert Co Md*Name of person giving information *Joe Groves* How related to deceased *Father*

## CAUSES OF DEATH

27

Primary *Tuberculosis* How long *about 6 weeks*Immediate *meningitis* How long *4 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr. F. Chambers M.D.*Address *Lucy Calvert Co Md*Accident or Suicide? ☐



Name  
in  
Full

W.S. Grass

7  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIENDDied at Mt. Airy Calvert County MARYLANDDate of death 1909 April Month 15 Day Age 66 Years Months DaysSex male Color or Race Color Birth place CalvertOccupation Farmer Where Residing if not at place of death at Mt. AiryMarried, Single or Widowed Married Name of Wife or Husband Susan HardmanFather's Name Inv. Grass Father's Birthplace CalvertMother's Maiden Name Lincoln Mother's Birthplace CalvertName of person giving Information Robt Taylor How related to deceased Son in law

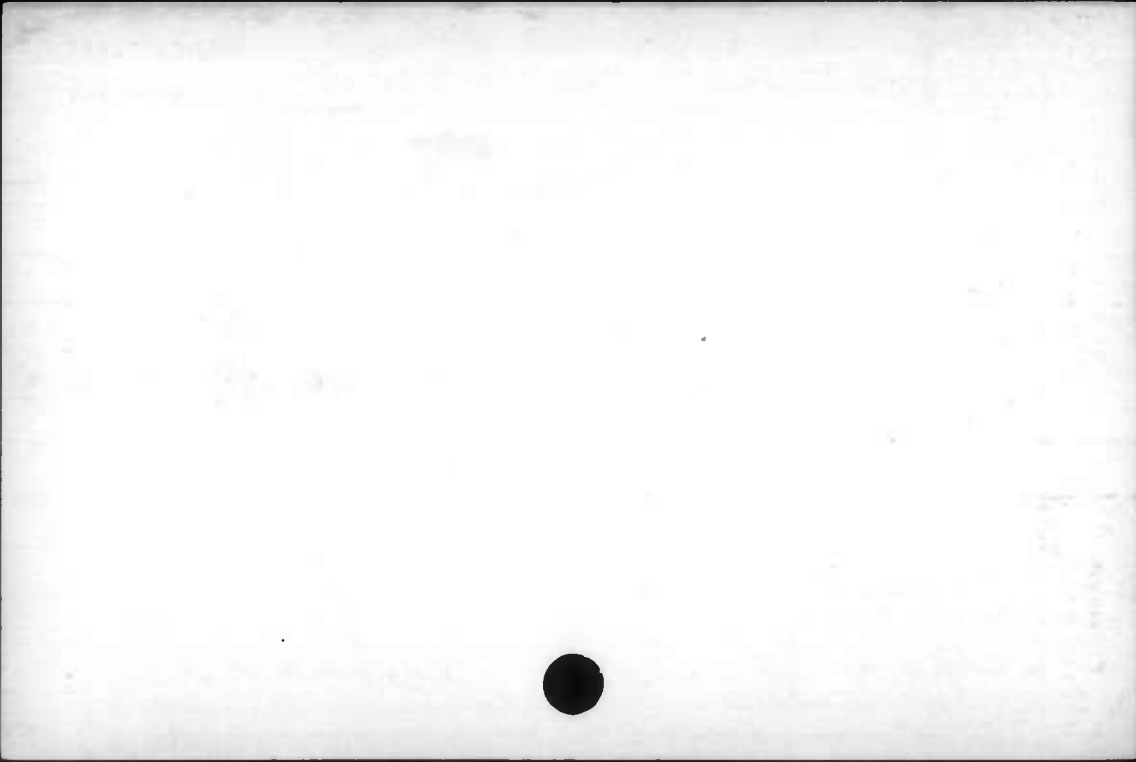
## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONERPrimary Pneumonia - acute How long 6 days

Immediates

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician P. ProctorAddress Mt. AiryAccident or Suicide ---





Name  
in  
Full3  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *John J. Hardman Jr*  
*Waller* Town*Calvert* CountyDate  
of death*1909* *the* MonthDay  
*14*

Age

Years

Months

Days

Sex

*Male*Color or  
Race*Colored*Birth-  
place*Calvert Co Md*

Occupation

*None*Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband*None*Father's  
Name*John J. Hardman*Father's  
Birthplace*Calvert*Mother's  
Maiden Name*Mary Florence Grosse*Mother's  
Birthplace*Calvert Co Md*Name of person giving  
Information*John J. Hardman*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Marasmus*

How long

*4 mths*

Immediate

*Cholera*

How long

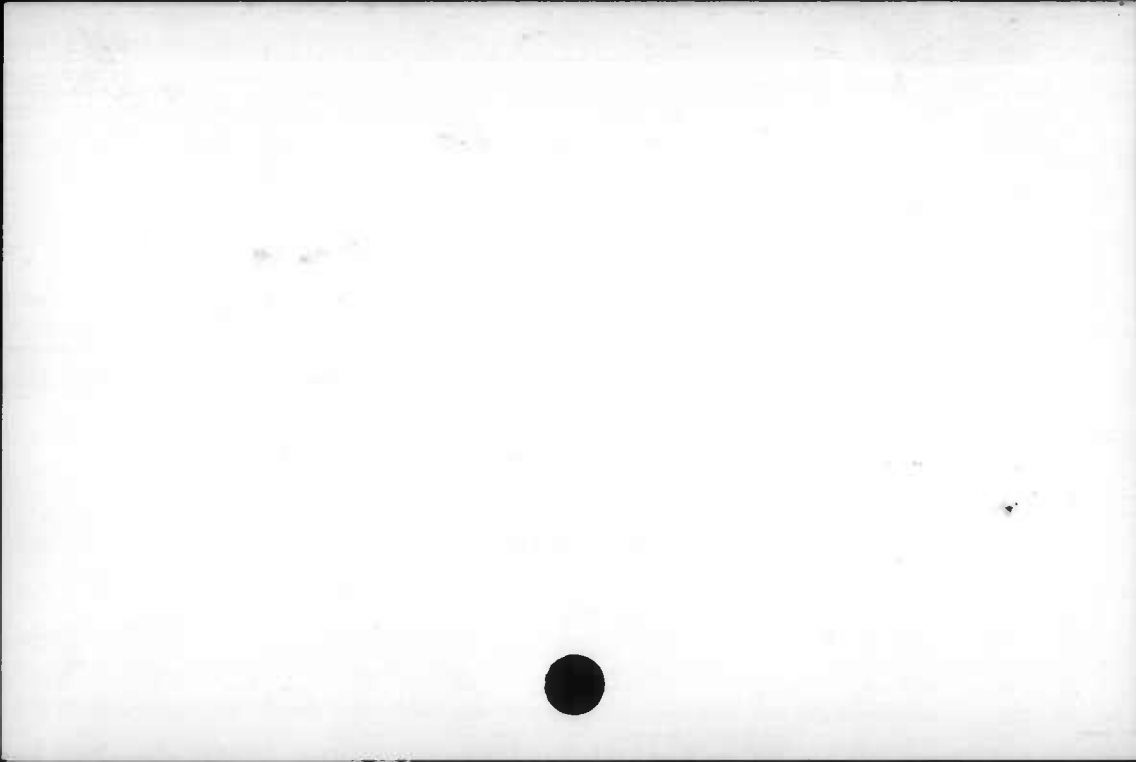
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Geo Petersen*

Address

*Stonewall  
Calvert Co Md*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Florence Hardman

2  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

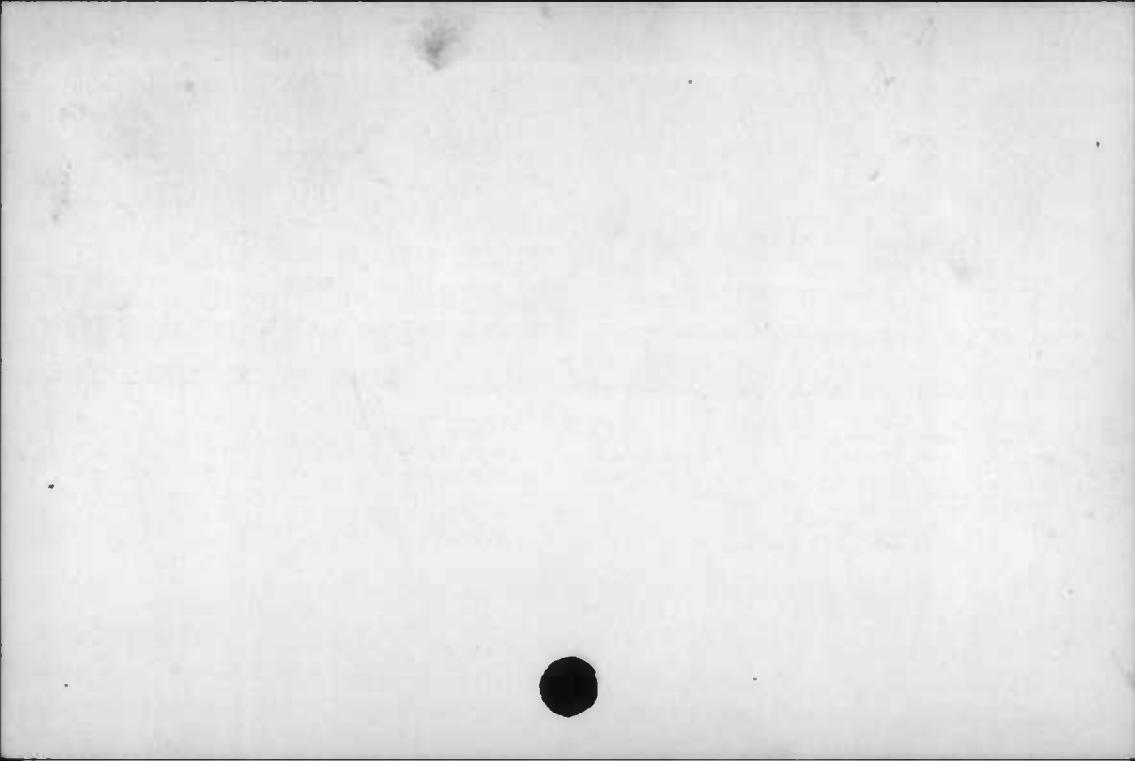
Died at		Town Wallville		County Calvert		MARYLAND	
Date of death		1909	Month April	Day 12	Age 22	Years 4	Months 27
Sex Female		Color or Race Colored		Birth- place Wallville Md			
Occupation Housewife				Where Residing If not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Joseph John Hardman			
Father's Name		Calvert Cross		Father's Birthplace Wallville Md.			
Mother's Maiden Name		Mary Jane		Mother's Birthplace St. Leonards, Md.			
Name of person giving In formation		Joseph John Hardman		How related to deceased Husband			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary tuberculosis	How long	10 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician George Peterson	
		Address St. Leonards, Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mutual</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>April</i>		Day <i>14</i>		Age <i>29</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Calvert Co</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Abraham Jenkins</i>					
Father's Name <i>Robert Henry Thoma</i>		Father's Birthplace <i>Calvert Co</i>					
Mother's Maiden Name <i>Not Obtainable</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Abraham Jenkins</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

79

Primary <i>Mitral Regurgitation</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. M. King</i>
	Address <i>Baltimore Md</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER



Name  
in  
Full

William Cornelius Johnson

4  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

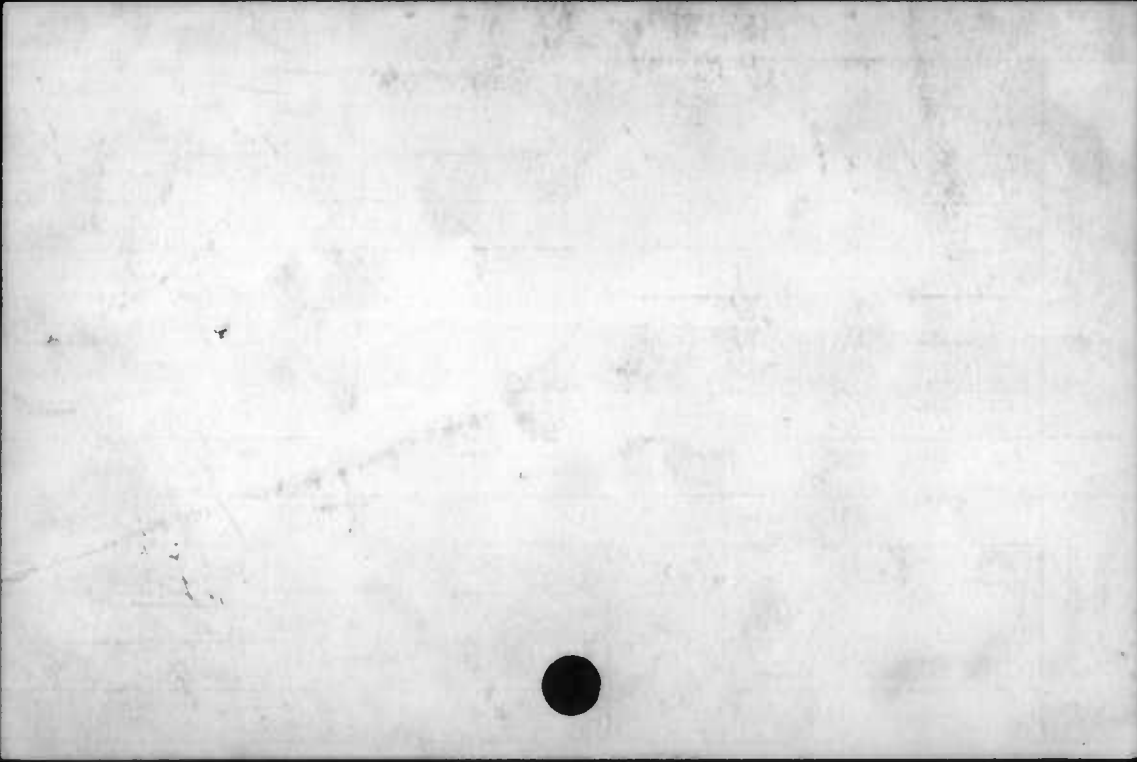
Died at <u>Wallville</u> <sup>Town</sup>		<u>Carver</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1909</u>	Month <u>April</u>	Day <u>27</u>	Age <u>0</u> Years	Months <u>10</u> Days <u>27</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Wallville Md</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Louis Johnson</u>			Father's Birthplace <u>Wallville Md</u>		
Mother's Maiden Name <u>Mary Brown</u>			Mother's Birthplace <u>Wallville Md</u>		
Name of person giving information <u>Mack Wallace</u>			How related to deceased <u>Half-brother</u>		

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <u>Marasmus</u>	How long <u>6 months</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>George Paterson</u>
	Address <u>St. Leonard, Md.</u>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

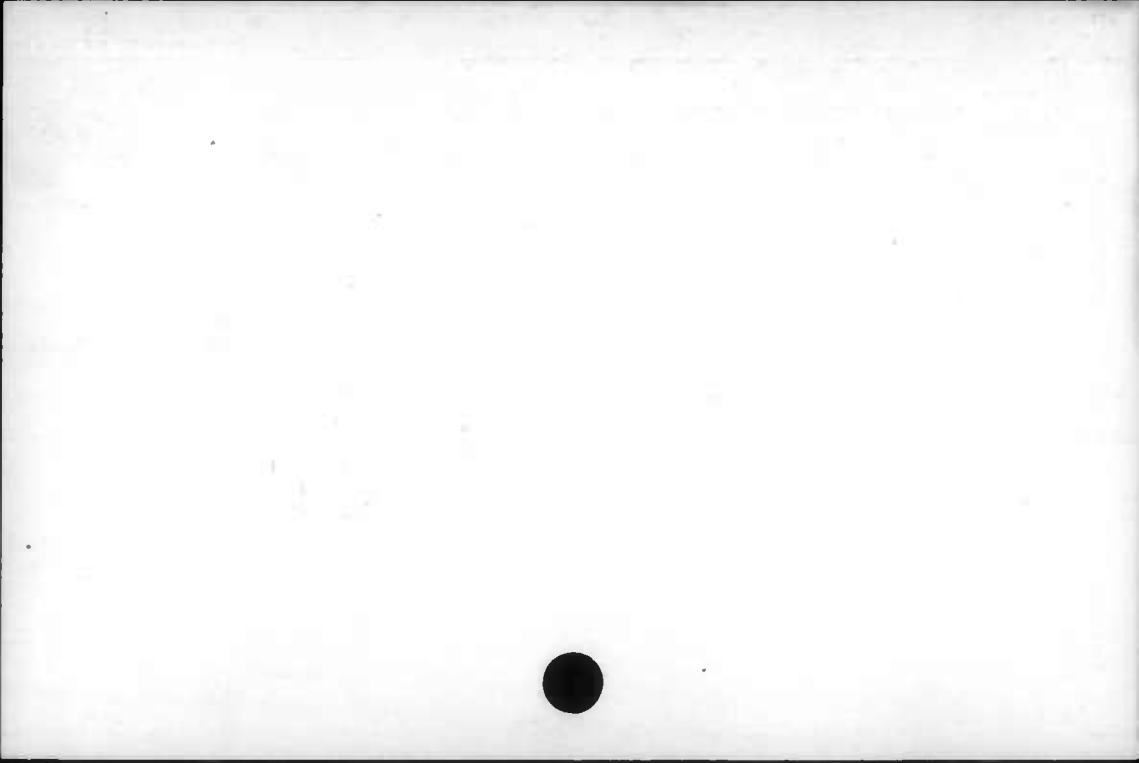
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Barnetow</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1909	Month <i>April</i>	Day <i>7</i>	Age <i>—</i>	Years <i>—</i>	Months <i>8</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>			Birth- place <i>Calvert</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Barber Jones</i>				Father's Birthplace <i>Tr. Calvert</i>			
Mother's Maidan Name <i>Susan Egan</i>				Mother's Birthplace <i>Calvert Co</i>			
Name of person giving Information				How related to deceased <i>167</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Burns by fire</i>	How long <i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. King M.D.</i>
		Address <i>Barnetow Md</i>
Accident or Suicide		



Name  
in  
Full

Charles Henry Gordon X

5

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

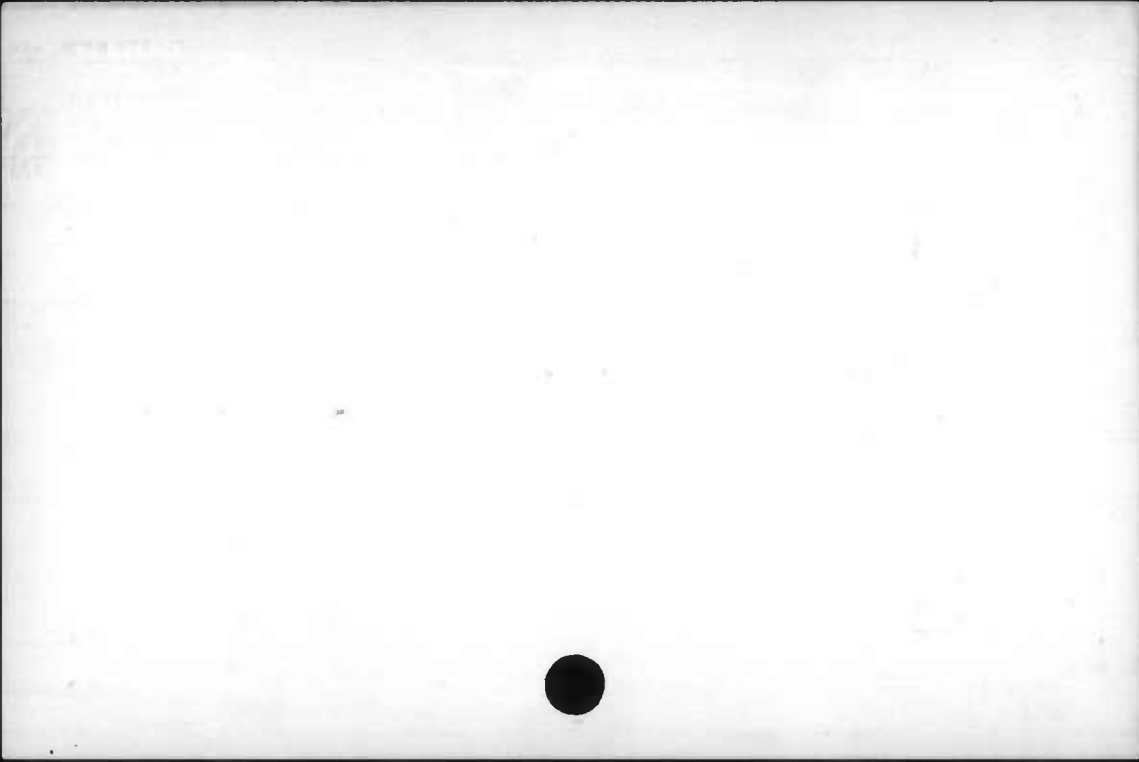
Died at		Town Baltimore, Md		County Calvert		MARYLAND	
Date of death		1909	Month April	Day 29	Age 58	Months —	Days —
Sex male		Color or Race white		Birthplace Calvert			
Occupation Furnace		Where Residing if not at place of death Baltimore Md					
Married, Single or Widowed Married		Name of Wife or Husband Sophia E. Wilson					
Father's Name Samuel Gordon		Father's Birthplace Calvert					
Mother's Maiden Name Elizabeth Gordon		Mother's Birthplace Calvert					
Name of person giving Information Moschoran Pizane		How related to deceased wife					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	5 mths
Immediate	Exhaustion	How long	one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician P. Pizane	
Yes		Address mutual	
Accident or Suicide		No	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Reed* X  
 Died at *Rhine Point* Town *Calvert* County **MARYLAND**  
 Date of death *1909 Apr.* Month *19* Day *19* Age *Still Born* Years Months Days  
 Sex *male* Color or Race *Black* Birth-place *Cal. Co.*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
 Father's Name *Jessie Reed* Father's Birthplace *Cal. Co.*  
 Mother's Maiden Name *Lydia Jones* Mother's Birthplace " "  
 Name of person giving Information *Jessie Reed* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Still Born* How long *8*  
 Immediate \_\_\_\_\_ How long \_\_\_\_\_

PHYSICIAN  
OR CORONERAre the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. W. Litch*Address *Huntingtown*

Accident or Suicide



Name  
in  
Full

David Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

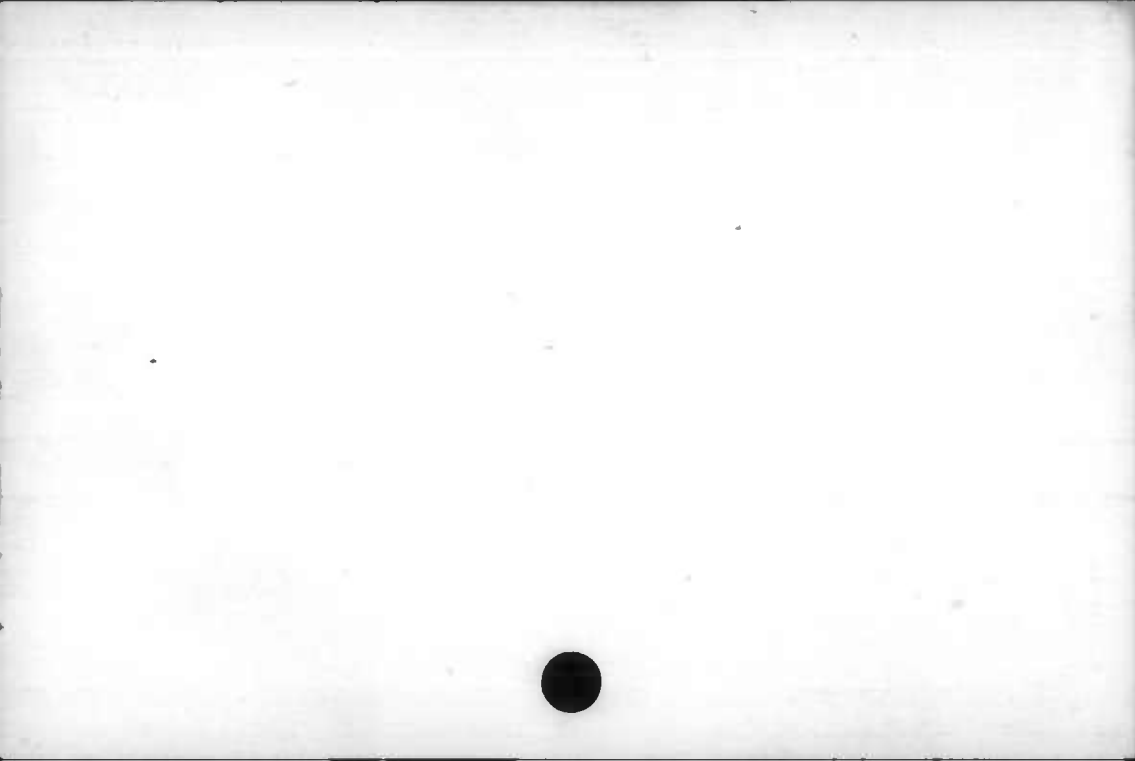
Died at <i>Lazier</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	1909	Month	April	Day	27
Age		about 70		Months	—
Sex	male	Color or Race	Colored	Birth place	Calvert Co Md
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	married		Name of Wife or Husband <i>Martha Butler</i>		
Father's Name	Unknown		Father's Birthplace Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace Unknown		
Name of person giving information	James Smith		How related to deceased <i>Son</i>		

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>about 21 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. F. Chambers M.D.</i>	
Yes		Address <i>Lusby, Calvert Co., Md.</i>	
<input checked="" type="checkbox"/> Accident or Suicide			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Holland Pt</i> Town <i>Stinett</i> County <i>Calvert</i>		MARYLAND	
Date of death <i>1909 April 10</i>	Month <i>April</i>	Day <i>10</i>	Age <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birthplace <i>Calvert Co</i>	Months <i>1</i> Days <i>7</i>
Occupation <i>none</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Hillie Stinett</i>	Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Hattie Fowler</i>	Mother's Birthplace <i>Calvert Co</i>		
Name of person giving Information	How related to deceased		

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>Lagrippe</i>	How long <i>1 wk</i>
Immediate <i>Conjestion of lung</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. M. King</i>
	Address <i>Barstow Md</i>
Accident or Suicide	



Name in Full		Annie Wilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Dunkirk	County Cavert		MARYLAND	
	Date of death	1909	Month April	Day 8	Age 2	Months —	Days —
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Patrick Wilson				Father's Birthplace	Cavert Co. Md.
	Mother's Maiden Name	Anne Carter				Mother's Birthplace	Cavert Co. Md.
Name of person giving information		James Jones				How related to deceased	not related
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Whooping Cough			How long	3 weeks
	Immediate		Exhaustion			How long	2 days
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
				Address			
	Accident or Suicide?						

